

L24000112747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

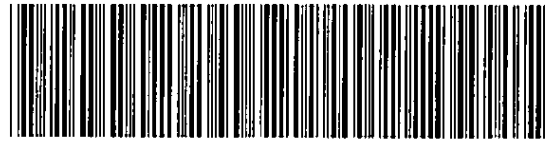
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
HUNTSVILLE, AL
JUL 25 11 50 AM
STATE OF FLORIDA

R. HUNT
07/25/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASCADEVIEW ENTERPRISES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vladimir Azenor
Name of Person

CASCADEVIEW ENTERPRISES LLC
Firm/Company

2234 N FEDERAL HWY #5026
Address

BOCA RATON, FL, 33431
City/State and Zip Code

CASCADEVIEWENTERPRISES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vladimir Azenor at (954) 708-8150
Name of Person Area Code Daytime Telephone Number

STATE
TALLAHASSEE, FL
1:50

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CASCADEVIEW ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 05, 2024 and assigned Florida document number L24000112747.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CASCADEVIEW LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

STATE OF FLORIDA
TALLAHASSEE, FL
2024 MAR 05 PM 1:50

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Doryle Baltazar	5507 SW 6TH CT	<input checked="" type="checkbox"/> Add
		Morgette, FL, 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DEPT. OF STATE
 TALLAHASSEE, FL
 JUN 11 1:50

